

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	107009255	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/		/	
2	/		/	
3				
4	/		/	
5	/		/	
6	/		/	
7	/		/	
8	/		/	
9	/		/	
10	/		/	
11	/		/	
12	/	X	/	
13	/	X	/	
14	/	X	/	
15	/	X	/	
16	/		/	
17	/		/	
18	/		/	
19	/		/	
20	/	X	/	
21	/	X	/	
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50				
TOTAL IND.		2	0	4
TOTAL DEP.		15	0	18
TOTAL CLAIMS		17	0	22

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.		2	0	4				
TOTAL DEP.		15	0	18				
TOTAL CLAIMS		17	0	22				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS